

# STADIUM GOLF CLUB, INC.

333 JACKSON AVENUE  
SCHENECTADY NY 12304  
518-374-9104/518-393-9269 fax

## 2017 MEMBERSHIP APPLICATION

PLEASE FILL IN THE APPLICATION BELOW AND MAIL WITH THE APPROPRIATE CHECK/CREDIT CARD AMOUNT TO THE ADDRESS LISTED ABOVE.

Non Transferable, Non Refundable, and does not include league play or tournaments.

NAME \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (ALTERNATE) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### SEASON TICKET

(Reduced Greens Fee)

SINGLE \$875.00 \_\_\_\_\_ COUPLE \$1275.00 \_\_\_\_\_ STUDENT \$525.00 \_\_\_\_\_ (18-21 YRS OLD)  
(\$75 off if paid by 2/15/2017)

### UNLIMITED PLAY OPTIONS

GOLF ONLY \$1700.00 \_\_\_\_\_  
\$200 off if paid by 2/15/2017  
Add \$650 for spouse  
Add \$300 for child under 18 yrs old

GOLF WITH CART \$2450.00 \_\_\_\_\_  
\$200 off if paid by 2/15/2017  
Add \$1400 for spouse

JUNIOR GOLF \$500.00 \_\_\_\_\_  
(UNDER 18 YRS OLD)  
\$50 off if paid by 2/15/2017

### EMERGENCY CONTACT

NAME \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (WORK) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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Please charge my Mastercard, Visa, Amex in the amount of \$ \_\_\_\_\_ for my season ticket dues.

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name/Address as appears on card \_\_\_\_\_

Signature to authorize charge \_\_\_\_\_

\*\*We will mail you a copy of your receipt so be sure to fill out the top of this form\*\*